

(Rev. 4/97)

FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT  
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983

UNITED STATES DISTRICT COURT  
DISTRICT OF DELAWARE

BENNIE Cobb

(Enter above the full name of the plaintiff in this action)

V.  
WAL-MART

US - 13

Camden Wyoming

(Enter above the full name of the defendant(s) in this action)

DELAWARE

06 - 423 -

FILED

JUL - 7 2006

U.S. DISTRICT COURT  
DISTRICT OF DELAWARE

I. Previous lawsuits

- A. Have you begun other lawsuits in state or federal courts dealing with the same facts involved in this action or otherwise relating to your imprisonment?  
YES [ ] NO [☒]

BO scanned  
IFP

- B. If your answer to A is yes, describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).

1. Parties to this previous lawsuit

Plaintiffs

Defendants

2. Court (if federal court, name the district; if state court, name the county)

3. Docket number

4. Name of judge to whom case was assigned

5. Disposition (for example: Was the case dismissed? Was it appealed?  
Is it still pending?)

6. Approximate date of filing lawsuit

7. Approximate date of disposition

II. A. Is there a prisoner grievance procedure in this institution? Yes [ ] No [ ]

B. Did you present the facts relating to your complaint in the state prisoner  
grievance procedure? Yes [ ] No [ ]

C. If your answer is YES,

1. What steps did you take?

2. What was the result?

D. If your answer is NO, explain why not

E. If there is no prison grievance procedure in the institution, did you complain to  
prison authorities? Yes [ ] No [ ]

F. If your answer is YES,

1. What steps did you take?

2. What was the result?

## III. Parties

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of Plaintiff BENNIE Cobb  
 Address 669 North St DOVER Delaware  
19904

(In item B below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use item C for the names, positions, and place of employment of any additional defendants.)

B. Defendant WAL-MART is employed as BUSINESS  
at Camden Wyoming

C. Additional Defendants \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## IV. Statement of Claim

(State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach extra sheet if necessary.)

While Shopping At WAL-MART  
IN Camden Dec. 04 I slip  
and Fell Hurting my BACK

V. Relief

(State briefly exactly what you want the court to do for you. Make no legal arguments.  
Cite no cases or statutes.)

I want to Be Compensated  
for Pain and suffering and  
Medical Bills

Signed this 30<sup>th</sup> day of JUNE, 19 06

Bennie Cobb  
(Signature of Plaintiff)

I declare under penalty of perjury that the foregoing is true and correct.

30<sup>th</sup> June 06 Bennie Cobb  
Date (Signature of Plaintiff)

BENNIE Cobb  
505303  
Pod-7-5B

SCCC  
SVOP/SWRU  
23207 Dupont Blvd.  
Georgetown, DE 19947

re: A  
7.1  
MAIL

WILMINGTON DE 197

06 JUL 2006 PM 1 L



United States District

Court

District of Delaware

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